



# Evaluation Form

Please take a moment to complete and return this form. Your answers will help us with future program planning. Please return by fax (603-271-4160) or mail to the address on the other side. Thank you.

## 1. What is your role/title?

- ☐ Nurse   ☐ Food Service   ☐ Teacher
- ☐ Parent   ☐ Other – please specify:

\_\_\_\_\_

## 2. Please rate the kit components for usefulness.

0= not at all, 1 = a little, 2 = somewhat, 3 = a lot

### Information Booklet

Frequently Asked Questions ..... 0   1   2   3

How to Develop a

Get Fit With 5 Challenge ..... 0   1   2   3

Free Program Materials ..... 0   1   2   3

Bring the Challenge to Your

Cafeteria ..... 0   1   2   3

Sample Press Release ..... 0   1   2   3

### Front Pocket

Free Nutrition Information

Order Form ..... 0   1   2   3

"More Peas, Please!" ..... 0   1   2   3

### Ready-to-Copy Materials (Back Pocket)

Fact Sheet..... 0   1   2   3

Flyer ..... 0   1   2   3

Table Tent ..... 0   1   2   3

Cover Memo to

Parent/Guardian ..... 0   1   2   3

Buddy Up! ..... 0   1   2   3

Certificate ..... 0   1   2   3

Breakfast Ideas, Recipes,

Dining Out Tips ..... 0   1   2   3

Sample Logs..... 0   1   2   3

## 3. What did you like best about the kit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4. How can we improve the kit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 5. Did you implement a Challenge?

- ☐ Yes   ☐ No – Go to Question 6.

**If yes, please provide the following details:**

### **How long did the Challenge last?**

- ☐ 1 Week   ☐ Other – please specify:

### **When did you hold the Challenge?**

Month \_\_\_\_\_ Year \_\_\_\_\_

### **Where was the Challenge held?**

- ☐ School   ☐ Other – please specify:

\_\_\_\_\_

### **How many people participated?**

\_\_\_\_\_ Children/Youth

\_\_\_\_\_ Adults

\_\_\_\_\_ Families

\_\_\_\_\_ TOTAL

## 6. We welcome your additional comments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please help us  
plan future 5 A Day projects***

by taking a moment  
to complete the evaluation form  
on the other side of this page.

Please return by fax (603-271-4160) or mail.

To mail this form,  
fold in half, seal, and add a stamp.

*Thank you!*

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**NH 5 A Day for Better Health Program  
Department of Health and Human Services  
Bureau of Nutrition and Health Promotion  
29 Hazen Drive  
Concord NH 03301-6527**

**Postage  
Required**